THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXVI. THURSDAY, MAY 8, 1862. No. 14.

## CASE OF ACUTE GLAUCOMA.

### PERFORMANCE OF IRIDECTOMY, WITH COMPLETE RESTORATION OF VISION.

[Read before the Boston Society for Medical Improvement April 28th, 1862, by HENRY W. WILLIAMS, M.D., and communicated for the Boston Medical and Surgical Journal.]

ON the 14th inst. I was asked to see, in consultation, a lady, some fifty years of age, who had for several years been an invalid, from partial paralysis. About four weeks previously, her left eye was attacked with injection, accompanied by little pain, but resulting in a gradual, yet total, loss of sight. I found the globe somewhat harder than natural, the pupil dilated, as if kept open by pressure of the lens against the iris, the iris slightly altered from its healthy appearance, the lens somewhat cloudy, and the cornea appearing to have lost its polish, as if breathed upon. There was scarcely any varicose enlargement of vessels upon the globe, and the eye was in a comfortable condition. Vision was perfect in the right eye. Under these circumstances, I advised non-interference with the left eye; but recommended to her family that should any symptom of disease of the right eye declare itself, it should have immediate attention. I however gave an encouraging prognosis as to the probability of any immediate attack in the other eye.

On the 17th, I was told that the day after I saw her, vision had been suddenly lost in the right eye. It was regained the next day, but for that day only.

I found the eye much injected, and the humors turbid; but the pupil retained its normal size, and she complained of a feeling of fulness rather than of pain in the globe. Examination with the ophthalmoscope showed much congestion of the internal vessels, but the refractive media were too cloudy to allow of a distinct view of the retina. She could merely distinguish the outlines of a figure passing before her.

Leeches were applied to the temple, in the hope that they might effect a mitigation of the symptoms, as they had formerly done in the other eye, and the operation of iridectomy was advised

for the next morning, as offering the only hope of overcoming the disease.

The next day vision was not improved. Ether was administered to secure immobility of the eye. The cornea was then divided, at its upper border, to the extent of a quarter of an inch, the iris was seized with very delicate forceps near the edge of the pupil, and about a fourth part was drawn out through the wound, and excised, close to the cornea. The anterior chamber was at once obscured by hæmorrhage from the divided vessels. Compresses wet with cold water were ordered to be applied over the eye, and the room was to be kept dark.

On the following morning, the blood was found to be already in a great measure absorbed from the anterior chamber. The injection of the eye was of course considerable; but no pain had been felt, the wounds of the cornea and iris looked well, and the transparent media were clearer. The eye was relieved from a feeling of oppression, and vision was greatly improved.

On the 21st, the injection of the vessels was much lessened. She was advised to take champagne, to increase her appetite for food, which she could scarcely take without it.

The 24th found the globe nearly free from redness, and the pupil had no longer a hazy aspect. She could tell the time by my watch.

On the 27th, only nine days after the operation, the eye was free from injection, the transparency of the refractive media seemed to be restored, and only a slight sensitiveness to light remained. Vision is fully regained, so that she can read a newspaper print.

The large artificial pupil, created in the performance of the operation, having been made at the upper part of the iris, the very great inconveniences of so large an addition to the natural aperture are nearly obviated; as the dazzling influx of light, and irregular refraction, which occur when the iris has been excised on the side towards the inner canthus, are prevented by the covering of the new opening by the upper eyelid. The deformity is also hidden by the lid, and the natural aspect of the eye restored.

The case seems to be worth reporting, as an example of rapid recovery from a severe attack of unquestionable glaucoma; which must have promptly annihilated vision if allowed to go on unchecked. It illustrates, also, the slight danger to be apprehended in operations on the iris, whether done for the formation of artificial pupil under other circumstances, or executed for the relief of glaucoma; these operations being scarcely ever followed by more than the most trivial symptoms of inflammation. Therefore, even when the results I have obtained, in cases of glaucoma, have been less completely satisfactory than in the above instance, I have considered the operation to be fully warranted; as not being, in any event, at all detrimental to the patient.

## DR. SPOONER ON THE DIFFERENT MODES OF TREATING DISEASE.

[Continued from page 274.]

THE physician can never forget that he has to deal with an organized body, controlled by vital laws; neither should he forget that chemical forces are always acting within and upon the body—both for good and evil—sometimes under the guidance of, and sometimes in opposition to, the vital forces. I refer, not to the many changes and combinations which the ultimate elements of the food undergo, from the time that it enters the stomach to its elaboration into the various textures and organs—this is animal chemistry; but to those changes and combinations in which the purely chemical laws are called into action. In the normal condition of the system, we have the formation of carbonic acid in the blood and its elimination from the lungs, and the excretion of various salts by the action of the kidneys. These formations, although they are chemical, are made in subjection to the vital powers, and are essential for the preservation of health.

In abnormal conditions of the stomach we can observe, not unfrequently, a contest between the vital and the chemical forces. By the vital powers, the food is reduced to its primary elements, but at this point, the stomach being enfeebled, the chemical powers attain the ascendancy, and these elements, instead of being re-combined to form chyme, are united to form gases, to be ejected in offensive eructations. Again, we see the changes produced on the surface by its exposure to extreme heat and cold, and by its less frequent exposure to the action of strong acids and alkalies. Moreover, poisonous and deleterious articles are introduced into the system through the stomach, the lungs, and the skin, either to be mixed with the blood, or to alter its chemical character, in consequence of which various derangements, morbid changes, and even death, may ensue.

Seeing, then, that our bodies are beset with chemical powers—essential on the one hand for their preservation, and capable on the other of their destruction—it would seem to follow as a necessary consequence that some medicines must produce their curative effects in obedience to the same laws. It is with the view of illustrating this proposition that I pass to the second division of my subject.

### CHEMICAL TREATMENT.

Under this head I include all treatment of disease with medicine, which produces a direct chemical change in the blood or tissues; and indirectly a change in the dynamic powers or vital tissues, with a view to the restoration of health or alleviation of suffering. In this division I shall include, 1st, remedies that act locally; 2d, those that act internally, or which affect the system, or any part of it, through the medium of the circulation.

I. *Local Remedies.—Nitrate of silver and nitric acid applied to corns and warts.* To begin with the most simple, I will notice the well-known action of nitrate of silver and nitric acid in removing corns

and warts. These articles, without doubt, remove these excrescences by their chemical action. They first destroy their morbid organization, in consequence of which they shrink away and disappear by absorption.

*Iodine in boils, chilblains, &c.*—Dr. James Jackson, in his interesting and instructive letters, recommends the dividing a boil through its centre with a lancet, as an effectual mode of destroying it, when done sufficiently early. In several patients I have found the same results from the use of iodine dissolved in sulphuric ether. In the few cases in which I have used this remedy, my success has been complete, destroying not only the individuals but breaking up completely the family; in other words, destroying the predisposition to their formation. The lancet and the iodine in these cases produce the same result, both destroying the morbid organization—one mechanically, the other chemically—and as a consequence the remaining structure is absorbed.*

Chilblains and local erysipelas are affected by the use of iodine in the same way; and ulcers of the throat and womb, treated with iodine and nitrate of silver, are also, in my opinion, benefited in the same way, or on the same principle.

In regard to chlorate of potash in ulcerous affections of the mouth, ointments of mercury, sulphur and tar, and others, in affections of the skin, there may be a question whether their action is chemical or dynamic. Microscopical observations on the effects of these remedies, when first used, may be the means of settling this question.

II. *Internal Remedies.*—I pass to that class of remedies which affect the system through the medium of the circulation. Of this class of medicines we have three kinds: *(a)* Those which affect the stomach alone, or I should say the contents of the stomach alone, such as bicarbonate of soda, lime, chalk, and which are used to correct acidities of the stomach. As these articles do not affect the dynamic powers of that organ, even indirectly, and are used merely to remove a distressing symptom, they cannot be regarded as strictly coming under the definition above given. They are noticed in this place on account of their purely chemical action. *(b)*

* The strength of the solution that I have used is thirty grains of iodine to one ounce of sulphuric ether. The application should be made with a brush, immediately upon the appearance of the boil, or while it is yet a pimple, and repeated morning and night until its sensibility is entirely removed.

This troublesome affection I regard in some patients as local, or as an affection of the skin, and not constitutional, as it is usually regarded both by the public and the profession. My reasons for this opinion are:—1st. That it occurs, as Dr. Jackson has shown, in persons of all ages, of all varieties of constitution, of all habits of living, and all conditions of health and sickness; and usually without producing any marked improvement in the health. 2d. So far as known, the causes producing boils are local. These are blisters, poultices, long-continued application of hot water by means of cloths, frequent and long-continued bathing in salt water, and even from too frequent use of the sponge-bath. Whatever may be their cause, they usually commence at a single point, and thence are extended by sympathy, first to near and then to more remote parts of the skin. 3d. They can sometimes be cured, and this extension prevented, by local applications. I have mentioned iodine, and I think the same results could be obtained by nitrate of silver. Two or three having been destroyed on their first appearance, the chain of sympathy is broken, and thus an end is made to their propagation. Boils are not to be confounded with abscesses, which often have a constitutional origin, and are not easily checked by local applications. The abscess may become an exciting cause of a crop of boils. The foregoing remarks are not applicable to all cases of furuncular disease. On the other hand, there are cases arising from a depraved state of the system, which require constitutional remedies in conjunction with the local to insure recovery.

Medicines which enter the circulation and affect the chemical character of the urine, and are used solely in the treatment of calculous complaints; such are some of the mineral acids, alkalies, &c. &c. *(c)* Medicines which enter the circulation, and which neutralize morbid poisons and miasms, and which give rise to fever or other manifestations of disease. Of the genera *(a)* and *(b)*, there will not be any difference of opinion as to the purely chemical action of the remedies which they include; but in regard to what will be included under *(c)*, I do not anticipate unanimity of opinion, and the views which I shall present will be offered with diffidence, as suggestions for the consideration of the profession.

In the dynamic treatment of disease, nature can be the guide to the physician; but in the chemical treatment nature can give no assistance. This department of therapeutics, if I mistake not the signs of the times, is opening a large field for investigation; and hereafter the improvement in the treatment of disease with medicines, will be the result of direct experiment by medicine either in health or disease, or the observation of the effect of medicine taken by accident. In this connection it is worthy of remark that the few medicines which are called specifics have probably been discovered in this way. I know not how mercury was discovered to be a specific in syphilis.* It is certain that there is nothing in the physiological effects of this medicine, and nothing in the pathological character of the disease, which could have led to the discovery; and no doubt the discovery of it must have been the result of an experiment, an experiment quite as likely to have been made by a quack as by an educated physician. The same remark is applicable to sulphur in the treatment of itch, and the bark of cinchona in the treatment of intermittent fever. Colchicum, now acknowledged to be a specific in gout, it is well known, was first used as a quack medicine under the name of "eau medicinale."

*Mercury in Syphilis.*—The first medicine that I shall notice under this subdivision *(c)* of internal chemical remedies, is mercury in syphilis. Different explanations of the *modus operandi* of this medicine have been given. One explanation attributes its healing power to its stimulating properties. It is said that it increases the secretions from the liver, the kidneys, the pancreas and the salivary glands; and through these several excretions the syphilitic poison is purged from the system. But when it is considered that syphilis can be produced from a minute drop of virus; that when once introduced into the system it can, in a short time, be indefinitely increased, and when it is considered that the virus will permeate the minutest bloodvessels and the minutest fibres, the explanation falls far short of being satisfactory. Another explanation attributes its curative powers to its alterative properties. I have already commented on the indefiniteness of the term "alterative." Mercury,

* According to Meryon, in his History of Medicine, the discovery was accidental. See vol. lxv. of this JOURNAL, No. 12.—EDS.

particularly, has been called an alterative, and without doubt it does alter or change the state or condition produced by the syphilitic virus. But what is changed? Are the textures changed—or the fluids? If the textures are changed, what has become of the virus which has pervaded the blood? Homœopathists produce the action of mercury in syphilis in support of the principle "*similia similibus curantur*," from the fact that it will produce a disease closely resembling the one that it cures. Admitting this as a fact, and supposing that the syphilitic disease can be removed by any dynamic action, the question again recurs, what becomes of the virus in the blood? I have seen it suggested, as a reply to this question, that the mercury not only removes the disease, but it also renders the system unsusceptible to the disease. But this explanation is sustained neither by facts nor analogy. It is evident that in the poisoned state of the system arising from the syphilitic poison, which poison is permeating the most minute parts, it will be in vain to attempt to cure the diseased textures, without first destroying or removing the poison which has produced this diseased state. As well might one attempt to cure inflammation arising from the presence of a foreign body in the flesh, without first removing the cause that has produced this inflammation. If by the term alterative, it is meant that a change or alteration is made in the blood, or in the virus in the blood and in the textures, and in consequence of this change the textures are restored to health, there can be no objection to the term. To my mind, the only satisfactory explanation of the "modus operandi" of mercury in syphilis, is that which attributes to it the power of altering the virus both in the fluids and the solids. In other words, mercury is an antidote to syphilis, or neutralizes the syphilitic virus, by producing a chemical change in that virus, thereby depriving it of its morbid character. How can we account for the diseased structure produced by the excessive use of mercury? In reply, I say, that a certain quantity of mercury is needed to neutralize the virus, as is the case in all chemical combinations, and when more than this quantity is used, it becomes in its turn the cause of morbid changes in the textures.

I have dwelt thus long on this subject, because there is no question in regard to the cause of syphilis, or of the effect of syphilitic poison on the system, nor of the power of mercury in controlling it; and it therefore presents the best example of what I term the chemical treatment of disease. That a chemical change is made by mercury either in the virus itself, or in the condition of the fluids and solids of the body, which has been produced by the virus, there can be, to my mind, no question. What this change is, of course I do not pretend to say; and here is presented an interesting subject for philosophical investigation. What is needed are chemical and microscopical observations of the state of the blood, at the onset of syphilitic disease, before mercury has been given, in different stages of its course, and at the period of restoration. This work belongs

to the young men just entering on the profession, and who are familiar with the modern methods of investigating morbid states of the system.

[To be continued.]

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## BIOGRAPHICAL SKETCH OF THE LATE DR. MERRILL.

[Communicated for the Boston Medical and Surgical Journal.]

JESSE MERRILL, M.D., M.M.S.S., was born in Peacham, Vt., Aug. 1st, 1794—died in Hopkinton, Mass., Sunday, 18th November, 1860, and was interred at Mount Auburn the Tuesday following. His paternal ancestor, Nathaniel Merrill, is said to have settled in Ipswich, Mass., in 1638. Dr. Merrill was the third of six brothers, only two of whom survived him. The two eldest were educated at Dartmouth College, and studied law. Both became eminent in their profession, and men of influence in the States of their adoption. David, a younger brother, was also educated at the same College, and studied divinity. He was well known as the author of the famous "Ox Sermon" on Temperance, the different editions of which, in this country and England, are said to have reached the enormous figure of three millions of copies! The doctor was also educated at Dartmouth, and graduated in the medical class of 1818. He soon after entered upon the duties of his profession in the village of Franklin (then Salisbury), N. H., and for twenty-five years was the leading physician of the village and many of the surrounding towns. Few physicians in New Hampshire had a larger practice than himself, or were more successful in the treatment of disease. He was a great reader, and his well-selected library shows that his books were kept not for ornament, but use. Entirely devoted to his profession, and constantly adding to his scientific attainments, he yet found time to keep himself thoroughly posted in the passing events of the day. The papers, pamphlets and periodicals he was constantly receiving would have furnished a tolerable supply for a village reading-room.

Himself a teacher at the head of an academy for several years previous to entering upon professional life, he ever took a deep interest in the cause of popular education; and for many years the academy at Franklin felt his fostering care. But his unremitting toils, his large and increasing practice, promised no rest for coming age, and he decided to remove to Boston. Here he continued for a few years, and would probably have remained to the close of his life, but that his faithful and devoted wife being called to her rest, left him desolate. He was lonely in "the city full," and sought relief from his sorrows in the rural scenes he had left. Not long after removing to Hopkinton, where he spent the last years of his life, he had an attack of acute pleuritis, which, taking on the chronic form, came near terminating his earthly career. The first attack of this disease was

in 1854. He had several partial recoveries, and as many relapses, until, in the month of July, the disease had assumed a most formidable aspect. I found him in bed with his head very much elevated; respiration hurried; pulse accelerated; countenance anxious; lips livid. The right lung exhibited no special signs of disease, but the left, on percussion, was flat over a large extent of its surface, and this dulness extended as high as the eighth intercostal space in the erect position—still higher as the recumbent posture was assumed. The respiratory murmur was strong at the apex of the lung—feeble and scarcely perceptible at its base. On measurement, the left half of the chest was larger than the right, and the intercostal spaces proportionally increased. In a word, there was effusion into the left thoracic cavity. The indications in the case were sufficiently plain, but could medicine accomplish the task? The doctor came to Boston, and medication was faithfully tried for several weeks, but instead of an improvement, matters grew rapidly worse. It was now decided in consultation, that the only chance for life was in an operation for removing the fluid by mechanical means; and early in the month of August I assisted Dr. Bowditch, of this city, in the operation. The doctor operated in the usual way, and removed one hundred ounces of a pale, straw-colored fluid. It is worthy of remark, here, that diuretics, which, previous to the operation, had no effect whatever, now stimulated the kidneys to greatly increased action. These with alteratives, tonics and anodynes, constituted the treatment. Convalescence was slowly yet surely established, and in early winter the doctor was able partially to resume his practice.

Although his health, for the last few years of his life, was usually good, yet there can be little doubt that this attack laid the foundation for the disease which six years afterwards terminated his labors.

I have been more particular in thus sketching the history of the case, both before and after the operation, than I should otherwise have been, for the reason that prominent individuals in the other professions, as well as our own, scouted the idea of an operation, and declared that "it ought never to be done," and "that the man who should perform it would be guilty of an act of rashness of which he would one day repent." But the result of the case hushed the clamors of these false prophets. The operation added full six years to a useful life; and considering the doctor's age at the time—sixty years—the cure was certainly most remarkable.

Early in the autumn of 1860, he made his last journey to New Hampshire and Vermont. He travelled in his private carriage, for the purpose of visiting his numerous friends by the way, and from exposure he contracted a severe cold. Notwithstanding his indisposition, he attended to his professional duties on his return home. On the 10th of November, he visited his patients as usual, although the day was cold, wet and stormy. He came home from his last visit thoroughly chilled, and took to his bed, from which he never arose. He passed a very uncomfortable night, from an attack of

pleurisy of the right side. The dyspnœa and pain in the side continued for two days, with a good deal of severity. On the morning of the third day crepitus was discovered in the inferior lobe of the left lung, attended by pleuritic pains of the same side. From the time that the malady extended itself to the old seat of disease, and a pleuro-pneumonia became developed, the case appeared hopeless. The usual remedies had no apparent effect in checking the progress of the disease; but proceeding, *pari passu*, the morning of the eighth day found it the victor. Its work was done—and he who for so many years had disputed the ground, inch by inch, with the Destroyer, was now himself the victim! But he fell with his armor on! The local medical association of which he was a member, at its meeting, in Mendon, the month following his decease, adopted the following resolutions:—

*Resolved, First*, That having heard with deep regret of the death of Dr. Jesse Merrill, of Hopkinton, this association acknowledge a providential dispensation which has removed from our fellowship an honored and an esteemed associate.

*Resolved, Second*, That we hereby most respectfully tender to the surviving members of our deceased associate's family the sincere expression of our cordial sympathy in the bereavement which they have sustained; and we trust that they will find consolation in the grateful remembrance with which his name will be cherished, and in the faith that a useful and devoted life on earth has prepared him for a life of clearer knowledge and purer happiness in heaven.

(Signed) JNO. G. METCALF, *Sec'y.*

Dr. Merrill was a man of fine sensibility, of sterling worth and unflinching integrity. His word was as good as his bond. And whilst despising quackery in all its protean developments, he scorned the low cunning resorted to by some physicians for the acquisition of business. In his profession he was thoroughly read, and in the investigations of disease most carefully discriminating; his conclusions, consequently, were not hasty, his diagnosis seldom wrong. He had, besides, a rare facility for the adaptation of means to ends, that made him the successful practitioner; whilst his sympathizing nature, his genial heart and hopeful spirit, were like sunlight in the sombre shades of the sick chamber, and made him "the beloved physician." In all the reforms of the day he took a deep interest, and in every cause of benevolence was generous to a fault. The poor he never sent empty away, and could say, with the man of Uz, "When the ear heard me, then it blessed me; and when the eye saw me, it gave witness to me; because I delivered the poor that cried, the fatherless, and him that had none to help him." For more than two score years he stood at the bedside of the sick, finding his greatest pleasure in relieving their sufferings. And never, during this long period, was he sent for at midnight but he responded to the call, unless bodily infirmity positively prohibited him. Thus we find him standing in his place, and conscientiously performing his duties to the last. Indeed, the very night preceding the last fatal attack he spent away from home in attending to the duties of the sick chamber. With him the practice of medicine was an unselfish duty, rather than

a matter of worldly gain. Hence the poor and the rich stood on the same level, so far as his services or his time were concerned. During his long life he was always found the true and warm-hearted friend, the upright and conscientious physician, the devoted and consistent Christian; and when the end came, as come it must to all, he met it with heroic fortitude and Christian resignation. For him there was "light on the dark river," and in his last sleep he was

> "Like one who draws the drapery of his couch
> About him, and lies down to pleasant dreams."

## Bibliographical Notices.

*A System of Surgery; Pathological, Diagnostic, Therapeutic and Operative.* By Samuel D. Gross, M.D., Professor of Surgery in the Jefferson Medical College of Philadelphia: Surgeon to the Philadelphia Hospital; Member of the Imperial Royal Medical Society of Vienna, &c. &c. Illustrated by Twelve Hundred and Twenty-seven engravings. Second Edition, much enlarged and carefully revised. In two volumes. Philadelphia: Blanchard & Lea. 1862.

That these two bulky volumes, of something over a thousand pages each, should have come to a second edition since their first publication less than three years ago, and that too in the midst of such a prostration of business as the civil war causes, and which leads every one to lop off all surplus expenses and confine himself as much as may be to the prime necessaries of life, argues that the work has been recognized as one that the medical community cannot do without. It is too well known to require extended notice here. Its plan is most comprehensive, and its character is truly encyclopœdic. Manuals and treatises in this department of medical science are by no means rarities; the medical press teems with them: it is therefore especially gratifying that Dr. Gross's work holds its own among its numerous competitors, and we know of no other which so fully answers the purpose for which it was written—that of "furnishing a systematic and comprehensive treatise on the science and practice of surgery, considered in the broadest sense." On some points of doctrine Dr. Gross confesses his dissent from authors of acknowledged weight, but such differences he declares are based on honest conviction, and he is ready to stand by them until compelled to surrender to the force of superior arguments. Such an opinion, we should say, is the author's adhesion to the time-honored and, until quite recently, universally received doctrine, that iritis is to be treated, as a matter of course and absolute necessity, in all cases, except the most simple, by mercury; and that, too, "carried to rapid ptyalism." One of the most vivid reminiscences of the days of our medical pupilage is of the great emphasis with which one of our respected instructers, a gentleman still intimately associated with the practice of ophthalmic surgery in this city, in his most eloquent and attractive way impressed upon us the indispensable importance of this method of treating this grave disease. It was simply a question of saving or losing the eye. Mercurial treatment would generally succeed in doing the former, without it the latter was inevitable. With these strong impressions on our mind, we really dared not undertake the treatment of such a case without administering the

specific, until Dr. Williams, of this city, published in our pages (vol. lv., p. 49) his important and valuable contribution to medical science in a series of most interesting cases of iritis, in all its forms and of all degrees of severity, treated successfully without mercury. We have always regarded this paper as a most precious boon to humanity, saving, as it undoubtedly has, many a sufferer from this distressing disease from the added horrors, to say nothing of subsequent effects, of mercurial ptyalism. Of the treatment by atropia, by which permanent contraction and adhesion of the iris are prevented, through the dilatation of the pupil which it produces, Dr. Gross says, "the misfortune is that atropia does not possess this property: nor is there, so far as is at present known, any article that does. The moment the iris is actively inflamed, that moment it ceases to be influenced by narcotic applications: the pupil contracts, and no stimulus, however powerful, can afterwards excite it." To this we must oppose our most emphatic dissent. We have certainly seen the pupil kept open by this agent under very severe inflammation, and that, too, of syphilitic origin, in a married woman, where the primary symptoms had been overlooked and the other secondary manifestations had been mainly combated by iodide of potassium. In fact, since Dr. Williams's paper appeared, we have mainly followed his plan of treatment in the few cases which our limited practice in eye diseases has brought us, with the most gratifying results. The eye in question emerged from a most severe attack without a blemish or defect, and it is impossible, to-day, to detect a trace of the affection, and yet the patient took no mercury.

Our limits do not allow us to go into a lengthy review of this important work, the general value of which all must recognize. We would only direct the attention of our readers to the fact that it is illustrated by over twelve hundred excellent wood-cuts, nearly three hundred of which were not included in the first edition; there is also a large amount of new matter in the text. The subject of gun-shot wounds, a subject of so much moment at the present time, has been specially dwelt upon. The book is beautifully printed, and is likely to hold a permanent place as one of great practical value; its utility is greatly enhanced by a full index of thirty-nine pages.

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*The Principles and Practice of Obstetrics.* By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New York; Author of "Clinical Lectures on the Diseases of Women and Children." Illustrated by four Colored Lithographic Plates and ninety-nine Wood Engravings. Multum restat adhuc operis, multumque restabit, nec nulli nato, post mille secula, præcludetur occasio aliquid adjiciendi. (SENECA, *Lib.* I., *Epist.* lxiv.) SECOND EDITION, CAREFULLY REVISED. New York: William Wood, 389 Broadway. 1862.

THIS large octavo of 731 pages of text has reached its second edition in a little more than four months. Prof. Bedford's Obstetric Clinique, of 563 pages, large octavo, has been translated into German and French. If professional demand for scientific literature be proof of its value, what medical works have received a larger patronage, a wider approval than have these works of our author? When we bear in mind how unfavorable is the present moment of our national history

to the success of any work or undertaking, except such as are of daily, nay hourly, necessity, Prof. Bedford's literary success is the more to be wondered at. It can only be explained by the questionless value of his works. Its friends are not only of his own household, but foreign nations have adopted the products of his mind. We have the evidence that the reports in the clinique have been faithfully made. The names of the reporters are before us. The agreement of a number in the statement of results in so vast a number of cases, amounting to more than 8,000, is the best evidence of their accuracy and truth, and the fact of such perfect harmony in the expression, manner, language and style of the lecturer where there is such diversity in the facts reported, and so many reporters, is equal evidence that the lectures are given as uttered by the author. These characteristics of a lecturer we would call *natural* mnemonics, and among the most useful and pleasing in that science. Who that has heard those excellent teachers of midwifery, James Hamilton, of Edinburgh, and Dr. John Haighton, of London—whom we used tenderly to call Jimmy and Johnny, though neither of them was overly tender—will ever forget their whole manner—tone—expression—when they would make impression, and secure what they said to the memory. An anecdote. A West Indian student of medicine came to London to finish. Dr. Haighton had a figure upon which to demonstrate instrumental labor. The apparatus was bedstead, bed and curtains, &c., and the figure was dressed according to custom. Our West Indian's turn came with the instruments, and such was his zeal that he brought figure, instruments and himself to the floor—a wide ruin. "Do you not know better than that?" demanded Dr. H. "If I did," was the answer, "I would not have come so far to learn." It was our exceeding privilege to hear and see Mrs. Siddons in Lady Macbeth, and Lady Constance. Who that has heard her in the first will ever forget her rendering of the following passage in that terrible dialogue between her and her vacillating husband :—

> I have given suck, and know
> How tender 'tis to love the babe that milks me;
> I would, while it was smiling in my face,
> Have plucked my nipple from its boneless gums,
> And dashed the brains out, had I so sworn, as you
> Have done to this.

The thousands of Covent Garden started at the shriek, the compound utterance of mother and fiend, which ends the passage, as if they had been in the presence of an incarnation of Hell.

And, in Lady Constance, who can ever forget her screams, of inexpressible grief, and of irremediable woe, filling the stage and the house with her tears at her terrible bereavement, as her eyes fall on the dead body of Arthur.

We are willing to be charged with the rhetorical in the illustration of an important aid in teaching, ordinarily so rare in professional teachers.

Professor Bedford's works are Lectures. This form allows of the freest statement of principles and facts. The clinique is literally what it purports to be. The patient and the bed are before the class. The questions and answers are literally given. The student hears the examination as it proceeds. He sees disease in the living subject. He is not a reader. He is not in the presence of "words, words, words,"

but of facts. The physiognomy of disease is his study. The position in bed—the tone of the voice—the respiration—the cough—the debility—the face and its expression, whether fixed or changeable—the differences in the signs of chronic and acute disease wherever expressed—all that will aid diagnosis, is before him. The treatment is reported. Its effects are given, from day to day. What changes are made, and under what circumstances, are given. Everything which can aid the student is thus at hand. It is submitted to him as to a jury, and he is under the charge of the supreme head of this solemn court to give his verdict—to learn what he may or shall do for such diseases as may be afterwards committed to his judgment.

This mode of teaching is truly popular, and our Professor shows consummate skill in its adoption and use. It is strictly colloquial, admitting of the utmost fredom in manner, and so securing interest. Some have objected to it as wanting dignity—as allowing of much that is irrelevant—attracting attention, but not satisfying it. The objection has force only in failure to accomplish what is proposed in this method of teaching. To the advanced hearer, verbal teaching is as self-teaching, for the thing taught and the teacher are before him, and he is to see, hear and think, all which he intuitively does at once, and all that is before him is his. We know that pupilage, the time for getting knowledge, is very rarely regarded as it should be. He only can, or will, truly learn medicine, so to speak, who says to himself, internally, but louder than the very thunder, "I will be a physician, and I will prepare myself for its responsible, fearfully solemn duties." To such a student, such a teacher as is our author will be a teacher. What he says of thought or of action, however objective they may be, will become part of his mind—take its possession in it—be subjective, and ever ready for most important uses. It is not the dead type and the cold paper, but a living mind, uttering living words, which are now his teachers.

Prof. Bedford is well fitted, or prepared, for a teacher. His whole preparation for his important position—the means he officially possesses for self-culture—his education—his moral and intellectual endowment, all powerfully aid in making him a teacher, and this whether as a writer or lecturer. He is a member of the medical faculty of one of our largest universities. He is a physician to one of our largest hospitals, if not *the* largest, and his department thoroughly fits him for studying, treating and teaching his specialties—the Diseases of Women and Children. We have hospitals, and great ones, too, where these most important departments are not taught, or rather cannot be studied at all. Our author's position gives him abundant opportunities to furnish his pupils facilities for the study of practical midwifery, and we know of no teacher elsewhere who has such advantages. There once existed in a city, a midwifery hospital, one of the recommendations of which to its patients was, that no student should ever visit it, and that its physicians should not take their pupils with them. But this, so-called, respect for the feelings of patients did not preserve this institution from dissolution. There was much care taken that the formalities or conditions of admission should be strictly enforced. In one instance a wretchedly poor woman was brought to the Hospital, actually in the pains and perils of labor. But she had not a *permit*, and could not therefore be admitted. She was sent forthwith to a public charity some miles off. The resident physician, in simple com-

passion for this poor woman, got into the carriage with her. His kindness was well timed, for the sufferer actually delivered herself before the poor-house was reached. Such a hospital could not stand. It would almost seem that it did not know what its name imports, or means—a place for *guests*, hospitality being its divine object. But the *hospital* failed. It owned much land, which was bought with little money. The price of the land rapidly rose. It was sold, and a very costly hospital was built. But this soon failed. It was sold, and just paid its debts. Thus was brought to an end an attempt to do much good. It never was excessively prosperous, as to its numbers of patients. One who might have added to its number was, as we have seen, delivered in a coach.

In speaking of our author's means of preparation for writing and teaching, one was omitted which deserves special notice—we mean books. He has given us a catalogue of those he has referred to, and quoted, and in a manner which shows that they have been faithfully studied. These books, amounting to between three and four hundred, are in many languages. He has not trusted to reviews—abstracts—notices, and what not, but has read and studied the books themselves—telling us where we may find his authorities, chapter and verse. He has drawn from "wells undefiled," and we trust him. We know of no higher recommendation of an author and teacher. We have read the lectures with great pleasure—at one sitting, between one and two hundred pages; and but for the advent of the small hours, might have finished the very large volume. No one who reads it can be surprised at the large praise of some of the best foreign reviews and journals, which it has received, and which our own have so liberally bestowed.

Prof. Bedford's works are thus attractive. In style, popular, without any sacrifice of that dignity which science always demands. His style is original, and he who thinks for himself, and makes tributary to his objects the best sources of knowledge, has a perfect right to depend upon his own mode of literary costume. He is carefully logical; stating his premises plainly, and making his inferences strictly in harmony with them. Hence his success. Why should not science be attractive? It is always likely to be better understood if it be so. You don't get tired of it. You may not always understand it, and it is not necessary you should. Who knows how that flower grows? Who understands the sun, or "the cause of thunder"? An Academician, who knew less of mathematics than Johnson or Gibbon did of arithmetic, or Shakspeare did of Latin and Greek—was walking home with a Fellow one evening from an Academy meeting. Our greatest mathematician had filled the sitting with a discourse upon the doctrine of chances or probabilities—"Why the seven stars are no more than seven," or rather, why they are placed in relation with each other just as they are. The discourse was long, and deeper than long; many Academicians slumbered and slept. We kept wide awake. Said our companion—"Were you pleased with Prof. ———— this evening?" "Very much," we said. "Did you understand him?" "No, not a word." "What! like a lecture and not understand a word of it?" "Yes." "How—or why?" Because we had faith that we were in the presence and hearing of TRUTH. That we felt and understood, and that it was which gave us pleasure."

Coleridge truly says, "there are more obscure readers than obscure

writers;" and Johnson said, it was too much to demand of him when he gave thoughts, that he should also give brains. Grateful should we ever be to that writer who on matters of the deepest interest, can be at the same time attractive and profound. Let us read—hear—see: the TRUTH, in whose presence we are, will thus be found. He who in science, as well as in *divinity*, as the Religio Medici has it, continues unto the end, shall be saved.

May not the author of these lectures say—"*Si quid novisti rectius istis candidus imperti. Si non his utere mecum.*" W. C.

## Army Medical Intelligence.

*To the Surgeon-General.* SPRINGFIELD, MASS., APRIL 28TH, 1862.

DEAR SIR,—In compliance with the request contained in your despatch of 10th inst., I at once set out for the scene of the late conflict at Pittsburg Landing, Tenn. Arriving at Cairo on the 14th, I had an interview with Gen. Strong, commanding at that post, who promptly responded to our wishes and furnished transportation to Pittsburg Landing, which place I reached on the 18th. Col. Peabody, of the 25th Missouri Regiment, having been killed on the 6th, I at once reported to Major Gen. Halleck, who, in a note requesting an interview, has the following language:—"As nearly all the wounded and sick have been removed from this place, no farther medical assistance is required, but I should be pleased to have Dr. Breck visit such hospitals as he may find it convenient on the Ohio and Mississippi; to suggest such improvements in their management as he may deem advisable." As my despatches did not contemplate the performance of the very honorable and highly complimentary service which General Halleck requested me to undertake, and as it would have involved the expenditure of more time than I could then devote, I contented myself with the performance of whatever service I could to the wounded who came under my immediate observation. At Cairo, the wounded were everywhere to be seen. I dressed the wounds of many that had not been looked at since the first dressings. At Pittsburg Landing, where I spent four days, there were still many wounded. Upon our steamer down the river we had about 100, of many of whom I took care. Of the nature of the wounds, I can only say that they presented every variety that the imagination could invent; and the entire absence of everything that belongs to the sick room, accounts for their ill condition. I was kindly furnished by our Ladies' Soldiers' Aid Society with many articles for the wounded, which were very gratefully received. The lowest estimate I heard from any reliable source of the number of wounded who had been sent forward, was 12,000. There were 1500 at Savannah, and still many remaining at the Landing.

Col. Peabody's remains were buried on the field, where he fell gallantly fighting for his flag. Arrangements were made by his brother for forwarding the body at as early a day as possible. All bear testimony to the important part young Peabody played in saving the army from utter destruction on the first day of the engagement.

During the interview with Gen. Halleck, he expressed much gratitude at the prompt action of this Commonwealth in behalf of his

wounded, and characterized it as only in keeping with the readiness with which our government had responded to every emergency since the struggle to crush this rebellion had commenced.

So far as I could learn, the wounded are distributed to different points, where they are comfortably provided for.

Very respectfully your obedient servant, WM. G. BRECK.

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*To the Surgeon-General.* SHIP ISLAND, April 8th, 1862.

DEAR SIR,—April 5th I reported for duty, and by Col. Dudley's order, the Hospital and Medical Stores were turned over to me in full, April 6th, by Dr. Moore. So far as medicines were concerned, I did not assume a very serious pecuniary responsibility by receipting for the stock on hand, as the whole amount would not have filled a hat. Dr. Moore estimated the weight of the entire stock, liquid and solid, at *two pounds*, and he was not below the mark. Of blankets, sheets, &c., there was a good supply: six iron bedsteads, and of instruments, one field case, but no pocket case. There was no mess chest, cooking utensils, or even knives and forks, nor scales for dispensing medicines, supposing there had been a medicine chest filled, which was not the case. Under these circumstances you may be assured that I was not sorry that Dr. Kimball (either at my persistent solicitation or of his own accord, as it may have been) had allowed me to receipt for and take away with me about the same as a three months' supply of medicines, with a small medicine chest, one hospital knapsack, a field and a pocket case. Nor was the new surgeon any less welcome by bringing these supplies.

Just before I came, certificates of disability were made out for nearly fifty in this regiment, and I learn they are soon to start for home. Omitting these, the health of the regiment is quite good, there being thirteen in the hospital and twenty-seven excused from duty this morning. Last Saturday, while bathing, two privates were drowned—Charles W. Quimby of Co. G., from Lawrence, and James Kirke of Co. G., of Lowell. Three of the 12th Maine Regiment were drowned at the same time.

There are now in the regiment several cases of typhoid fever, in progress or convalescent—all doing well; two cases of pneumonia, and of diarrhœa and dysentery quite a number, though not severe. The sudden and severe changes of temperature, the great dampness of the nights, and perhaps the severe muscular exertion required to march in this ankle-deep yielding sand, conspire to wake up *chronic* rheumatisms, though I have learned of but few acute cases. The glare of the sun on the white sand does not seem to induce ophthalmia, as I supposed it would. Indeed, I think the most of the injury to the eyes from the sand is mechanical—as when the wind blows, one's eyes, if exposed to it, are literally filled with it. While I write, the sand is whirling into and around the tent, precisely like snow, and if one should judge by *sound* alone, he would be sure he was encamped in the midst of a north-east snow-storm. Several times, on awaking in the night, it has taken some little time to convince myself that such was not the case. On the whole, I have been agreeably disappointed; and although this is certainly the most God-forsaken looking locality I ever saw, yet I find it less mean in reality than I expected.

I remain most sincerely yours, E. K. TOWLE,
*Surgeon 30th Reg't Mass. Vols.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 8, 1862.

Hospital Construction.—To continue the subject of the arrangement of the pavilions, the next consideration in importance is the distance from one pavilion to the next, to ensure the necessary isolation, ventilation, &c. Most authorities give seventy feet for two-storied buildings. In the hospital Lariboisière it is but sixty-five. Dr. Green allows but forty-eight. We certainly should wish this increased, and would not like to see it much less than what the best authorities demand. Some judgment can be formed by each individual, by looking at the streets he is familiar with, and estimating the amount of sunshine they receive, the inconveniences of opposite houses looking into each other, the sounds conveyed, when the windows are raised, from one house to the opposite one, &c.

Another consideration in the general construction of the pavilions, is as to how many stories they should contain. We answer this very briefly, and say, emphatically, not more than two. The reasons are so many and so obvious that we scarce need rehearse them. The superintendent, nurses, &c., should not have the exertion of going up and down stairs unnecessarily added to their other labors; but even more important than this, is the great increase in the difficulty of thoroughly ventilating rooms placed one over the other, and of preventing the emanations, odors, &c., from the lower, ascending and fouling the upper stories. In dwelling-houses, with few occupants, and with great attention to ventilation, it will be frequently noticed that the upper stories retain odors from the kitchen, from bad drainage, &c.; how much more liable, then, would a hospital be to such collections, when the wards below are constantly teeming with exhalations from diseased bodies and their excretions.

The last consideration of great importance which we shall just now entertain, is the number of cubic feet to be allotted to each patient. Our determination on this point will, of course, also determine the size of a ward for a given number of patients, the height of the ceiling, &c. The amount of air necessary for hygiene and comfort, of course will vary with the climate, a colder one demanding less than a warmer. But it has been pretty generally conceded, that no hospital should allow less than 1,000 cubic feet of air to each patient; the best authorities demand 1,200, and some even 1,400. Now to give some definite idea as to the size of 1,400 cubic feet of air—were the ceiling ten feet in height, the bedstead six feet long and three wide, there would be a space between the bedsteads of seven feet; and if the beds are arranged with the heads against the wall, there would be a clear space or passage eight feet wide at the foot of the beds. The last space is not a bit too great—fully that much is necessary for the convenient moving of beds and passage-room; but the first, of seven feet between each bedstead and the one next it, is possibly unnecessarily large, and more than could be afforded in most cases. We would therefore give some of it up, and have the space put between the bed and the ceiling—in other words, make the ceiling higher. This,

we think, should never be less than twelve feet, and two feet additional would not be too much. To be sure, where one ward is over another, we should take care not to require too much stair-case, on account of the labor of ascending it; but the advantages of a ceiling as high as it can be without inconvenience, are very great. In the first place, it facilitates ventilation, allowing room for the current of air in its exit to sweep towards the ventilating aperture, without coming down low enough to be breathed again by a patient in its course, or to annoy him by the draught. Then we do not consider the effect of the loftiness of the ceiling on the general aspect of the ward by any means a slight advantage. Any one familiar with the close, confined appearance of many a sick-room in which the patient has been shut up until every fly-speck on the ceiling and every spot on the wall has become familiar, will realize the different influence of a spacious looking apartment, lofty and airy, particularly if its fittings tend to increase the effect of these qualities. But of these we will go into detail hereafter.

The most important advantage of loftiness of ceiling is, that it is a great preventive of the overcrowding of a hospital: in this wise. The ward is built for a certain number. A pestilence comes, and the demands on our building are immensely increased. Must they be refused, and the applicants left to die without effort to minister to them, and the seven feet between each two bedsteads be still left vacant? Or must we fill up this vacant space, and reduce the allowance of space for each patient one half, and make him breathe over and over again air that has passed through the lungs of many of his roommates? We saw once the latter course pursued; and we believe that the mortality in that hospital was greater than if every one of the over-applicants had been refused, and had died in consequence of that refusal. But to have rejected them would have been considered very harsh, if not brutal; and yet, with a ward but ten feet high, the consent given was cruel. It is evident that had the ceiling been lofty, in the first place the beds originally would have been nearer together, and there would not have been so much floor-room to have occupied; but even had it been taken up by additional beds, the proportional amount of air used by their occupants would have been much less, and the exhalations from them would have speedily reached the upper regions of the room, out of the way of damaging those over whose heads they might be floating.—After a few remarks upon the external construction of hospital buildings, we purpose taking up in detail the proper internal fittings and appliances for them.

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Boston Medical Association.—The annual meeting of the members of this Association was held on Monday, the 5th inst., at No. 12 Temple Place. Dr. J. Mason Warren presided, and Dr. Francis Minot acted as Secretary. By the report of the Secretary it appeared that the following new members have been admitted during the year:—Drs. John Green, Wm. E. Rice and Joseph W. Cushing. The members of the Society deceased during the year were—Drs. Jonas H. Lane, J. F. W. Lane and John B. Alley.

Dr. Charles D. Homans was elected Secretary for the ensuing year, and the following gentlemen were constituted a Standing Committee:—Drs. N. B. Shurtleff, William J. Dale, Silas Durkee, and J. Mason Warren.

Dr. Minot offered the following preamble and resolutions, which were unanimously adopted:—

Whereas this Association has been deprived, by death, of its late Secretary, Dr. JOHN B. ALLEY,

*Resolved*, That in this dispensation we have lost a faithful officer and valued member, who never ceased to promote the interests and usefulness of the Association since he was first connected with it.

*Resolved*, That by the death of Dr. Alley, the medical profession of Boston has been deprived of one who, by his talents, his abilities and his high moral worth, was one of its brightest ornaments.

*Resolved*, That we respectfully tender to the surviving members of the family of the deceased our deep sympathy for the bereavement which they have sustained.

The meeting then adjourned.

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SOME time since, articles appeared in the New York *Tribune* and the Washington *National Republican*, containing grave charges against Dr. J. B. Porter, U. S. Army, of mismanagement and cruelty in his treatment of the patients in the Mansion House Hospital at Alexandria. It will be seen by the following extracts from General Order No. 85 that Dr. Porter has been honorably acquitted of these charges. It is most reprehensible that editors of the daily press should give currency to such odious charges, calculated at the present time to bring infamy on the unfortunate individual who incurs them, without the possibility of his establishing his innocence perhaps for months.

*Court of Inquiry—Surgeon J. B. Porter.*

GENERAL ORDERS, No. 85. HEADQUARTERS ARMY OF THE POTOMAC, Washington, March 1, 1862.

I.—A Court of Inquiry, of which Brigadier General William H. French is President, assembled at Alexandria, Virginia, on the 6th February, 1862, pursuant to Special Orders, No. 34, from these Headquarters, of February 4, 1862, at the request of Surgeon J. B. Porter, U. S. A., to examine into certain matters alleged against him respecting his treatment of the inmates of the General Hospital at Alexandria, with instructions to report the facts of the case, and its opinion thereon.

The Court proceeded to take the testimony of those parties only whose names had been connected with the charges against Surgeon Porter, and after a long, careful, and laborious investigation of the matter, as appearing by the statements on oath of these witnesses, came to the following

OPINION.—The Court is of opinion that no further action is necessary in the case.

II.—The Major General Commanding, having carefully examined the testimony taken by the Court of Inquiry, expresses his gratification that the Court, having listened only to the parties who made the charges on which this investigation is founded, declined to hear any rebutting evidence. To have done otherwise, besides wasting time, would have rendered the vindication of Surgeon J. B. Porter less triumphant than it is. As the record now stands, this meritorious officer is, out of the mouths of his accusers, or rather out of the mouths of those who were published as his accusers, not only completely exculpated, but shown to have been throughout exemplary in the discharge of his arduous and responsible duties.

Charges of the most injurious character were, with perverse industry, circulated against Dr. Porter. The Major General Commanding wishes to be indulgent to that unacquaintance with the rules of military propriety which the manner in which this was done proclaims. The rules of justice were no less violated, however: and when it is seen that the men whose statements were published were induced to sign them by the suggestion of utterly absurd mental reservation, it will be apparent that the most charitable conclusion that can be reached with respect to the accusers is, that their zeal blinded their reason, and caused them to forget those principles of action which are established by equity for the moral govern-

ment of mankind. The finding of facts by the Court renders all further comment unnecessary.

The Court of Inquiry of which Brigadier General W. H. French is President, is dissolved. BY COMMAND OF MAJOR GENERAL MCCLELLAN.

S. WILLIAMS, *Assistant Adjutant General.*

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ARMY MEDICAL APPOINTMENTS.—Dr. J. Theodore Heard, of this city, whose patriotism brought him home from Europe to take the post of Assistant Surgeon in the 16th Massachusetts regiment, has recently been appointed Brigade Surgeon, and has been ordered to the brigade under the command of General Duryea.—Dr. Kendall, of Newton Lower Falls, has been commissioned Assistant Surgeon of the 12th Massachusetts regiment. Dr. Baxter, Surgeon of the 12th, has been promoted to Brigade Surgeon, and Dr. J. McLean Hayward, formerly Assistant Surgeon, has been made full Surgeon.—Dr. Jansen Paine, of Charlestown, has been commissioned as Assistant Surgeon of the Massachusetts 31st regiment.—Gov. Morgan, of New York, has organized and commissioned, as an auxiliary corps to the Surgical Staff of the Army from that State, the following gentlemen:—Drs. James R. Wood, Alfred C. Post, Ernest Krackowitzer, Stephen Smith, Charles D. Smith, Geo. A. Peters, John O. Stone, Thaddeus M. Halstead, Willard Parker, Gurdon Buck, Lothar Voss, Thomas M. Markoe and Wm. Detmold, of New York City; Alden March, John Swinburne and S. Oakley Vanderpoel, of Albany; Edward H. Parker, of Poughkeepsie; Charles Winne and S. B. Hunt, of Buffalo, and DeWitt C. Enos and Joseph C. Hutchinson, of Brooklyn.

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## VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 3D, 1862.

DEATHS.

| | *Males.* | *Females* | *Total.* |
|---|---|---|---|
| Deaths during the week, | 34 | 38 | 72 |
| Average Mortality of the corresponding weeks of the ten years, 1851-1861, | 34.3 | 36 1 | 70 4 |
| Average corrected to increased population, | .. | .. | 78.6 |
| Deaths of persons above 90, | .. | .. | .. |

*Mortality from Prevailing Diseases.*

| Phthisis. | Chol. Inf. | Croup. | Scar. Fev. | Pneumonia. | Variola. | Dysentery. | Typ. Fev. | Diphtheria. |
|---|---|---|---|---|---|---|---|---|
| 11 | 0 | 1 | 3 | 8 | 0 | 1 | 1 | 0 |

METEOROLOGY.

*From Observations taken at the Observatory of Harvard College.—For the week ending April 19th.*

| | | | |
|---|---|---|---|
| Mean height of Barometer, | 30.255 | Highest point of Thermometer, | 75.0 |
| Highest point of Barometer, | 30.506 | Lowest point of Thermometer, | 32 0 |
| Lowest point of Barometer, | 29.848 | General direction of Wind, | S. W. |
| Mean Temperature, | 55.0 | Am't of Rain (inches), | 0.00 |

ERRATA.—Page 249, line 33, for "pneumonic gastritis" read *pneumonia, gastritis*; p. 267, line 25, for "Autocratoria" read *Autocrateia*; page 273, line 3, for "cathartics" read *antipathic.*

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TO CORRESPONDENTS.—A Report of Cases in the Long Island College Hospital came too late for insertion this week.

BOOKS RECEIVED.—The Christian Physician; or Reasons why the Physician should be a follower of Christ. By Wolcott Richards, M.D.

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MARRIED,—At Dorchester, May 1st, Wm. Osgood, M.D., of Boston, to Miss Mary Rogers, daughter of J. Gannett, of Dorchester.—At North Reading, April 30th, Sydney H. Carney, M.D., of this city, to Hortense S. Abbott, of North Reading.

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DIED,—At Ship Island, Eben K. Sanborn, M.D., Surgeon of the 31st Massachusetts regiment.—In Louisville, Ky., April 28th, William Morrow Knox, M.D., 32.

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DEATHS IN BOSTON for the week ending Saturday noon, May 3d, 72. Males, 34—Females, 38.—Accident, 1—aneurism, 1—disease of the bowels, 1—disease of the brain, 4—inflammation of the brain, 2—bronchitis, 1—cancer, 1—consumption, 11—convulsions, 1—croup, 1—cystitis, 1—diabetes, 1—diarrhœa, 3—dropsy, 1—dropsy of the brain, 2—drowned, 1—dysentery, 1—erysipelas, 1—scarlet fever, 3—typhoid fever, 1—gastritis, 1—hæmoptysis, 1—disease of the heart, 2—infantile disease, 4—intemperance, 1—disease of the liver, 2—inflammation of the lungs, 8—measles, 2—old age, 3—paralysis, 1—premature birth, 3—rheumatism, 1—scrofula, 1—unknown, 3.

Under 5 years of age, 27—between 5 and 20 years, 7—between 20 and 40 years, 14—between 40 and 60 years, 12—above 60 years, 12. Born in the United States, 58—Ireland, 9—other places, 5.